

Form prescribed by
Comptroller General, U. S.September 1950
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No.

00360R000600010078-0

Bu. Vou. No.

1066

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No.

To

(Payee)

(Address)

(City)

(State)

PAID BY

SAPC R1249

COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				32,048.	55

Use continuation sheet(s) if necessary

PAYMENT:

Complete ☐

Partial ☐

Final ☐

Shipped from

to

Weight

Government B/L No.

Total

\$32,048. 55

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL (Sign original only)

Differences

Date 11-3-57

*Payee

Required when a like certificate is made by payee on attached bill or bills)

Per

Title

Amount verified; correct for

(Signature or initials)

\$32,048.55

Contract No.

A101

Date

Req. No.

Date

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$

†

(Authorized Certifying Officer)

By

SIGN
ORIGINAL
ONLY

Title

Title

Date

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)

Cash, \$ _____, on _____, 19____, Payee _____

(Sign original only)

* When a voucher is signed or receipted in the name of a company or other organization, the name of the person writing the company or other organization must appear in the space provided for the signature of the payee. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title

Public Voucher for Purchase and
Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Sheet No. 1 of Bureau Voucher No. 1066

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract A101 - Costs applicable to All Systems					
		Direct Costs Properly Chargeable to Contract A101 for the period 10-28-57 thru 11-3-57.					
		STATINTL					
		Research & Development					
				Production			
						Total	
		Labor for Week Ending November 3, 1957					
		STATINTL					
		Overhead computed for Communications Division at interim rates as follows:					
		Research & Development - [REDACTED]					
		Production - [REDACTED]					
		STATINTL					
		Other Costs - per schedule attached sheet no. 2		3,224.78			
				110.48			
		Total Labor, Overhead, and Other Costs					
		G & A expense computed at interim rate of [REDACTED]					
		Total Costs					
		STATINTL					
						\$32,048.55	

CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 2 of Bureau Voucher No. 1066
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
TICKET INVOICE CR MEMO	CHECK NO.	PAYEE OR VENDOR NO.					
77685	11017	212				111.60	
77685	11017	212				(1.12)	
						\$ 110.48	

BATCH	TICKET	PAYEE NAME	OR	TR	COST	DATE	10/30/57	W	O	DISTR	AMT
NO	DATE	CR	MEMO	NO	NO	NO	ACCT	MJO	SO		

50	10 29 7	1082	11227	1161	50	252720	12501	5033	01	1	224.00
											224.00 *

224.00 **

50	10 29 7	1080	11227	1161	50	252720	12501	5033	02	1	845.80
											845.80 *

845.80 **

50	10 30 7	4336	11087	89	50	252700	12501	5033	14	1	239.00
50	10 30 7	5038	11047	1177	50	252700	12501	5033	14	1	95.00

.95-

50	10 30 7	5038	11047	1177	51	252700	12501	5033	14	1	24.00
50	10 31 7	1974	11087	174	50	252700	12501	5033	14	1	24.00

24.00

24.00

6.50

387.55 *

387.55 **

1,457.35 ***

Continued

TICKET PAYEE NAME TR COST DATE 10/30/57
 INVOICE CHECK OR
 CR MEMO NO VENDOR NO CODE CNIR ACCT MJO SO W O DISTR AMT

4610 28 7	1069A	11047	1161	50	254000	12501	5093	90	1	1,268.70
4610 28 7	DM-0856	11047	1161	50	254000	12501	5093	90	1	484.65-
5010 29 7	7610379	11187	913	50	254000	12501	5093	90	1	160.65
5110 30 7	C034876	11087	136	50	254000	12501	5093	90	1	44.55
5110 30 7	C034876	11087	136	51	254000	12501	5093	90	1	.89-
5210 30 7	14912	11087	216	50	254000	12501	5093	90	1	54.87
5210 30 7	14912	11087	216	51	254000	12501	5093	90	1	1.10-
5210 30 7	5005	11047	1177	50	254000	12501	5093	90	1	675.00
5410 30 7	5005	11047	1177	51	254000	12501	5093	90	1	6.75-
5510 31 7	CM-1171	11057	90	50	254000	12501	5093	90	1	16.38
5510 31 7	4235	11157	231	50	254000	12501	5093	90	1	43.00
5510 31 7	4235	11157	231	51	254000	12501	5093	90	1	.86-
5510 31 7	DM-1163	11157	231	50	254000	12501	5093	90	1	18.00-
5510 31 7	DM-1163	11157	231	51	254000	12501	5093	90	1	.36
5510 31 7	D172142	11087	290	50	254000	12501	5093	90	1	16.50
5510 31 7	D172142	11087	290	51	254000	12501	5093	90	1	.33-
										1,767.43 *

1,767.43 **

1,767.43 ***

Sheet #1 145735

Total 3,224.78